

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *12-07-06*

Is delivery address different from item 1? ☐ Yes  
YES, enter delivery address below: ☐ No

1. Article

Charlotte Wilson, Class. Specialist  
Easterling Correctional Center  
200 Wallace Drive  
Clio, AL 36017

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 2793

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *12-07-06*

Is delivery address different from item 1? ☐ Yes  
YES, enter delivery address below: ☐ No

1. Article

Patrice Greene, Dir. of Classification  
Easterling Correctional Center  
200 Wallace Drive  
Clio, AL 36017

3. Service Type  
☒ Certified Mail ☒ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 2823

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540